

Case Number:	CM15-0171024		
Date Assigned:	10/06/2015	Date of Injury:	06/28/2011
Decision Date:	11/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 48-year-old male, who sustained an industrial injury on June 28, 2011, incurring hip, shoulder and back injuries. He had a history of a right knee injury in 2008. He had right knee surgery on September 3, 2008 with relief for four years. After his injury in 2011, he was diagnosed with right trochanteric bursitis, right shoulder strain, and lumbar strain. Treatment included physical therapy and home exercise program, aquatic therapy, pain medications, anti-inflammatory drugs, muscle relaxants and activity modifications. Currently, the injured worker complained of intermittent low back pain rated 4 out of 10 on a pain scale of 0 to 10 with the pain radiating to the right hip rated 8 out of 10. He noted persistent right knee pain rated 4 out of 10. He developed anxiety and depression secondary to the chronic pain. He had difficulty with activities of daily living. He was diagnosed with right hip bursitis, right knee lateral meniscus tear and right knee effusion. The pain medications and muscle relaxants provided him with 90% symptomatic relief and increased his activities of daily living. The treatment plan that was requested for authorization included 18 aquatic sessions, a prescription for Soma 350 mg #60, and a final confirmation of urine drug test results. On August 17, 2015, a request for aquatic therapy, a prescription for Soma and a confirmation of a urine drug screen was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aquatic therapy 18 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Knee Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. In this case, the injured worker has attended an unknown number of physical therapy appointments with stated benefit and now participates in a home exercise program. There is no indication that the injured worker is unable to bear weight. Additionally, this request for 18 sessions exceeds the recommendations of the guidelines. The request for Aquatic therapy 18 sessions is determined to not be medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma).

Decision rationale: The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. In this case, the injured worker is documented to have chronic pain and there is no evidence of an acute exacerbation of pain, therefore, the request for Soma 350mg #60 is determined to not be medically necessary.

1 Final confirmation of urine drug test results: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Urine drug testing (UDT). (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Urine Drug Screen Section.

Decision rationale: The use of urine drug screening is recommended by the MTUS Guidelines, in particular when patients are being prescribed opioid pain medications and there are concerns of abuse, addiction, or poor pain control. Per the Official Disability Guidelines (ODG), urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be

used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. The frequency of urine drug testing may be dictated by state and local laws. In this case, there is no evidence that the injured worker has had an inconsistent urine drug test and the request for opioid medications has not been supported, therefore, the request for 1 Final confirmation of urine drug test results is determined to not be medically necessary.